DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 04/26/2006

## **Provider Inspection Summary**

For the period 04/01/2003 to 03/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: ROSEMORE VILLAGE (0010927) Address: 830 HIGH ST, WILD ROSE, WI 54984

**License Status: PROBATIONARY** 

Licensed/Certified/Registered 01/13/2006

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

**Survey History** 

Survey ID: 0096182 End Date: 01/13/2006 Type: INITIAL Purpose: SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

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